

New

Cabin Staff Application

Cedar Springs Camp

CEDAR SPRINGS CAMP Disclaimer

This manual is intended for the use of ministries and events sponsored by

**CEDAR SPRINGS CAMP
SOAR KIDS CAMP 2015 -VOLUNTEER APPLICATION
ATTN: STUART CALVERT
4820 SR 92
Lake Stevens, WA 98258**

APPLICATION FOR MINISTRY TO MINORS

(This Application must be completed every year)

For All Persons Who Work With Children, Youth And/Or Developmentally Disabled Persons at Cedar Springs Camp sponsored events/activities and ministries.

This application is to be completed by all applicants who desire to serve in any volunteer position involving any access to children (minors under 18 years of age) or developmentally disabled persons at Cedar Springs Camp *sponsored events/activities and ministries*. It is being used to help Cedar Springs Camp provide a safe and secure environment for those children, youth and developmentally disabled persons who participate in our camp sponsored events and programs and use our facilities.

PERSONAL

The information contained below is to be used only for identification and investigative purposes.

TO BE COMPLETED BY APPLICANT ONLY (All Fields REQUIRED)

Date	Home Phone	Work Phone	Email Address
------	------------	------------	---------------

Last Name	First Name	MI	Date of Birth	Race	Sex M/F	Soc. Sec. #	
Place of Birth (City/State)	Home Street Address		City	State	ZIP	Driver's License #	
Other Last Names Used	Other States and Counties - I have lived in.....		States	County	ZIP	From (Yr)	To (Yr)
Occupation			Employer				

How long so employed? _____ If accepted or hired, are you authorized to work in the U.S. on an unrestricted basis? Yes No Explain: _____

List (name, address, telephone number, dates) all prior employers for the past ten (10) years: _____

What church do you currently attend? _____

How long have you attended? _____

Have you become a member of the church you attend? Yes No

If no, are you a member of another church? Yes No (name) _____

Have you ever been convicted of or pleaded guilty to a criminal offense (not traffic violations)? Yes No

If yes, please explain: (attach a separate page if necessary) _____

Have you ever had your driver's license suspended or revoked for any reason? Yes No

If yes, please explain: _____

Marital Status: Married Single Engaged Separated Divorced Remarried Widowed

EDUCATION

School	Name	City, State	Mo/Yr Graduated	Degree
High School				
College				
Other (describe)				

MEDICAL

Do you use any prescription drugs on a regular basis? Yes No If so, please state the name and reason for its use: _____

Please list any medical conditions we should be aware of:

Do you have any physical or medical condition(s) that would limit your ability to do this job?

Yes No

(For example: If working with someone disabled, will you be able to lift them? If teaching/ supervising children, will you be able to run short distances in an emergency?)

If yes, please explain: _____

If yes, what can be done to accommodate your limitation? _____

CHURCH ACTIVITY

Are you a Christian? Yes No When were you saved? _____

Do you have a systematic habit of personal devotions and Bible Study? Yes No

How do you pursue an ongoing relationship with God? _____

Is your life free from all habits unbecoming to a Christ-follower such as, without limitation, smoking, drinking, illegal drugs, and violence? Yes No

If no, please explain: _____

List of all other churches where you have attended regularly during the past 10 years:

CHURCH NAME	ADDRESS	PHONE

List all current and prior church work involving minors in the past 10 years (list each church's name and address, telephone number, type of work performed, age of minors, supervisor, and dates):

CHURCH NAME	ADDRESS	PHONE	TYPE OF WORK	AGE OF MINORS	SUPERVISOR	DATES

List all current and prior non-church work involving minors in the past 10 years (list each organization's name and address, telephone number, type of work performed, age of minors, supervisor, and dates):

NAME	ADDRESS	PHONE	TYPE OF WORK	AGE OF MINORS	SUPERVISOR	DATES

Have you ever been asked to leave a church for any reason? Yes No

If yes, please explain: _____

Spiritual Life:

Write your personal testimony. Include details regarding your conversion experience and experiences critical to your spiritual development journey. (Please use the back of this sheet if you need more room)

PERSONAL REFERENCES (at least 3)

Please secure no less than 3 references.

- At least 1 reference should come from an organization that you have worked in relating to Minors if possible.
- **(Relatives should not be used as references)**

Provide your Personal Reference with the Reference Form. They should send the Reference Form directly to the Cedar Springs Camp office per the instructions on the form.

NAME	ADDRESS	PHONE	Office Use Note Date of Contact

CHURCH LEADERSHIP REFERENCE'S CERTIFICATION

(To be completed by your pastor, staff member or board member)

*Because of the large number of applicants, many of whom are unknown to us, it is impossible for Cedar Springs Camp to check references on every applicant. As a result, it shall be the responsibility of each applicant's pastor, youth pastor, children's pastor, or church board member that there are no facts or allegations that raise any question concerning the applicant's suitability for working with minors. **PLEASE HAVE YOUR SENIOR PASTOR, YOUTH PASTOR, CHILDREN'S PASTOR, OR A CHURCH BOARD MEMBER COMPLETE THE FOLLOWING CERTIFICATION. DO NOT USE SOMEONE WHO IS RELATED TO YOU.***

In regards to _____
Print Applicant's Name

(Check all that apply)

- Our church has done the State name and address check or an equivalent background check on this individual within the past 24 months. (If it has not been done the applicant will NOT be approved).
- I am personally acquainted with the applicant, and in my opinion he or she is competent and qualified to work with minors of any age. I know of no facts or allegations that raise any question concerning his or her suitability for working with minors in any activity.
- I prefer to discuss my response by telephone. I can be reached at the following telephone number during the day: _____ .
- Our church has completed personal reference checks on this individual.

<i>signature</i>	<i>date</i>
_____	<input type="checkbox"/> senior pastor
<i>print name</i>	<input type="checkbox"/> youth pastor
	<input type="checkbox"/> children's pastor
	<input type="checkbox"/> church board member
	<input type="checkbox"/> other
	(check one)

Please place in sealed envelope and give back to applicant or mail it to:

**CEDAR SPRINGS CAMP
SOAR KIDS CAMP 2015 -VOLUNTEER APPLICATION
ATTN: STUART CALVERT
4820 SR 92
Lake Stevens, WA 98258**

THANK YOU for taking the time and effort to complete this Application. It will be prayerfully considered as we endeavor to fill volunteer positions involving the supervision or custody of minors to provide them with a safe

and secure environment.

STATEMENT AND CONSENT TO RELEASE OF INFORMATION

In consideration of the receipt and evaluation of this Application by Cedar Springs Camp, I agree and represent that:

- The information contained in this Application is correct to the best of my knowledge.
- I authorize any references or any other person or organization, whether or not identified in this application, to give you any information (including opinions) regarding my character and fitness for service knowing that I do not have the right to inspect the information about me provided by any person or Cedar Springs Camp. I hereby release any individual, church denominational agency or office, reference or any other person or organization, including record custodians, both collectively and individually, and whether or not identified in this Application, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization, except for the communication of knowingly false information. I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding release which I have read and understand. I understand that I may consult with an attorney before signing this document. A facsimile or photocopy of this authorization shall be as valid as the original. I further understand that a criminal records check may be conducted on me, and I consent to any such check.

I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS, AND AGREE TO THEM.

► **Applicant's Signature** _____ **Date** _____

Printed Name: _____

Witness _____ **Date** _____

(If applicant is a minor, the witness must be a parent or legal guardian)

If Applicable,

Applicant has a Criminal History Inquiry for the State of Washington/Idaho [circle one] dated _____, 20 ____, already on file with _____ [church name]. I hereby agree to the release of that information to the CEDAR SPRINGS CAMP. (Must be current within the past 24 months)

► **Applicant's Signature** _____ **Date** _____

Printed Name: _____

VOLUNTEER REFERENCE FORM

Please Return Completed Form to:

CEDAR SPRINGS CAMP
SOAR KIDS CAMP 2015 -VOLUNTEER APPLICATION
ATTN: STUART CALVERT
4820 SR 92
Lake Stevens, WA 98258

(Name of Person you are providing a reference for): _____
has made application for a volunteer position with Cedar Springs Camp. You are being referred as one Acquainted with the applicant and competent to express a trustworthy opinion regarding the applicant's qualifications to fill the position of a volunteer with Cedar Springs Camp. We value your judgment and appreciate your cooperation. Thank you for taking the time to complete this form as fully as possible and returning it. Your reply will be regarded as confidential. (**NOTE:** The Authorization and Release forms signed by the applicant and spouse are on file at Cedar Springs Camp. These guarantee that the applicant will not be aware of your responses.) Please return ASAP to:

CEDAR SPRINGS CAMP
SOAR KIDS CAMP 2015 -VOLUNTEER APPLICATION
ATTN: STUART CALVERT
4820 SR 92
Lake Stevens, WA 98258

1. In what capacity do you know the applicant?

Personally Professionally Socially Casually

2. Are you related to the applicant? Yes No

3. How long have you known the applicant? _____

4. How frequently does the applicant participate in church?

Regularly Occasionally Seldom Don't know

5. How does the applicant participate in church life? _____

6. How would you describe the applicant's spiritual maturity?

Very -----> Not Very
 1 2 3 4 5 Don't know

(Cont. on Next Page)

7. If you assigned the applicant responsibilities how would you indicate his/her response?

Very-----▶Not Very

- | | | | | | | |
|------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-------------------------------------|
| Teachable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> Don't know |
| Loyal | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> Don't know |
| Sincere | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> Don't know |
| Dependable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> Don't know |
| Able to Inspire Others | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> Don't know |
| Capable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> Don't know |

8. Please check all the words below which you believe accurately describe the applicant:

- | | | |
|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Timid | <input type="checkbox"/> Insecure | <input type="checkbox"/> Strong-willed |
| <input type="checkbox"/> Impulsive | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Modest |
| <input type="checkbox"/> Tactful | <input type="checkbox"/> Selfish | <input type="checkbox"/> Socially |
| <input type="checkbox"/> Patient | <input type="checkbox"/> Abrasive | <input type="checkbox"/> Awkward |
| <input type="checkbox"/> Congenial | <input type="checkbox"/> Angry | <input type="checkbox"/> Sarcastic |
| <input type="checkbox"/> Kind | <input type="checkbox"/> Impatient | <input type="checkbox"/> Compassionate |
| <input type="checkbox"/> Relaxed | <input type="checkbox"/> Loving | <input type="checkbox"/> Considerate |
| <input type="checkbox"/> Organized | <input type="checkbox"/> Mature | <input type="checkbox"/> Motivated |
| <input type="checkbox"/> Verbal | <input type="checkbox"/> Deliberate | <input type="checkbox"/> Consistent |
| <input type="checkbox"/> Gentle | <input type="checkbox"/> Studious | |
| <input type="checkbox"/> Nervous | <input type="checkbox"/> Secure | |
| <input type="checkbox"/> Intelligent | <input type="checkbox"/> Trustworthy | |

9. How well do you judge the applicant's level of integrity?

- Very Good Poor Good Very Poor Average Don't know

10. In your opinion is there any reason that you think this applicant should not work with minors?

11. Are you aware of any facts demonstrating that the Applicant should not be considered by Cedar Springs Camp for this position?

- No
- Yes If yes, explain: _____

13. Are you aware of any facts demonstrating that the Applicant's ministry should be restricted?

No

Yes If yes, explain: _____

14. Based on your knowledge of the applicant, which of the following best reflects your evaluation of the applicant's suitability for a volunteer position with Cedar Springs Camp?

Highly Recommended Recommended Neutral Do not recommend

Insufficient knowledge to form an opinion

15. Do you have any other comments regarding the applicant? _____

Reference Contact Information:

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name of Church/Organization: _____

Signature: _____ Date: _____